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TO:	FRQM:					
Examiner, David M. Shay	Gary W. Hoshizaki (Reg. 37,356)					
COMPANY	DATE					
<u>USP1'O – Art Unit 3739</u>	SEPTEMBER 30, 2003					
FAX NUMBER.	TOTAL NO. OF PAGES INCLUDING COVER:					
703-872-9302	14					
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:					
702-308-2215	P775 CON 3					
RE:	APPLICATION NUMBER:					
AMENDMEN'T AND RESPONSE	10/010,911					
UNDER 37 C.F.R § 1.111	•					

NOTES/COMMENTS:

FORMAL COMMUNICATION INTENDED FOR ENTRY



OCT 0 1 2003

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TRANSMITTAL					olication Numb		10/010,911			
FORM			Filir	ng Date	-	11/20/2001				
(to be used for all correspondence after Initial filing)			Firs	t Named Inver	ntor	Victor I. Chornenky				
			Art	Unit		3739				
			Exa	Examiner Name		SHAY, David M.				
	Total Number of	of Pages in This Sub	mission 13	Atto	mey Docket N	lumber	P775 CON 3			
ENCLOSURES (check all that apply)										
X	X Fee Attached			ion on to Co sional Ap er of Atto ige of Co ess inel Disc iest for F	•	200	After Allowance Communication to Technology Center (TC) Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Nation, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):			
Response to Missing Parts under 37 CFR 1.52 or 1.53			LICANT	ATTORNEY	00.40					
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Date .	Date . September 30, 2003									
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Type or pr	nted name	Cally W. Hosting	aki, Reg. No.	3/356						
Signature		Hay V	W.U.A	2)	1 5	Date	September 30, 2003			

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		Complete if Known								
I FEE TRANSMITTAI		Application Number 1				10/010,91	IO/010,911			
		Filing Date			11/20/200	11/20/2001				
for FY 2003		First Named Inventor V			Victor I. C	homenk	у			
Effective 01/01/2003. Patent trees are subject to ennual revision.		Ехал	Examiner Name Si			SHAY, D	HAY, David M.			
Applicant Claims small entity status. See 37 CFR	1.27	Art Unit 3739			3739					
TOTAL AMOUNT OF PAYMENT (\$) 410.00		Attorney Docket No. P775 CON 3								
METHOD OF PAYMENT (check all that apply)	Ī			FF	F CAL	CUI ATIO	V /continu	upril)		
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None	FEE CALCULATION (continued) 3. ADDITIONAL FEES									
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Account 50-2091	1051	130	2051	65	Surcharge - late filing fee or oath					
Deposit Account Name	1052	50	2052	25	Surcha cover	rge – late pro sheet				
The Director is authorized to: (check all that apply)	1053	130	1053	130	Non-Er	odish specific				
Charge fee(s) indicated below Credit eny overpayments	1812	2,520	1812	2,520	For filin	g a request to				
Charge any additional fee(s) during the pandancy of this application	1804	920*	1804	920*		rting publicati er action				
Charge fee(s) indicated below, except for the filling foo to the above-identified depusit account.	1805	1,840	1805	1,840*		ding publicati er action				
FEE CALCULATION	1251	110	2251	55	Extensi	ion for reply w				
1. BASIC FILING FEE	1252	410	2252	205		ion for reply w	410.00			
Large Entity Small Entity	1253	930	2253	465	Extensi	on for reply w	vithin third r	nonth		
Code (\$) Code (\$) Fee Description Fee Paid	1264	1,450	2254	725	Extensi	Extension for reply within		month		
1001 750 2001 375 Utility filing fee	1255	1.970	2255	985	Extension for reply within fifth month					
1002 330 2002 165 Design Iffling fee	1401	320 320	2401	160	Notice of Appeal					
1003 520 2003 260 Plant filing fee	1403	280	2402	160 140	Filing a brief in support of an appeal					
1004 750 2004 375 Reissus filing fee	1451	1,510	1451	1.510	Request for oral hearing Petition to institute a public use proceeding			<u> </u>		
1005 100 2005 80 Provisional litting lee []	1452	110	2452	1,510		to revive - u				
SUBTOTAL (1) (\$)	1453	1,300	2453	650		to revive – u				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,300	2501	850	Utility is	sue tee (or re				
Fee from Extra Claims below Fee Paid	1502	470	2502	235	Design	issue fee				
Total Ctaims -20**- X =	1503	630	2503	315	Plant is	sue fee				
Independent X =	1460	130	1460	130	Petition	s to the Com	missioner			
Muttiple Dependent	1807	50	1807	50	Process	sing fee under	37 CFR 1	.17(q)		
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1202 18 2202 9 Claims in excess of 20	1809	750	2809	375		(firmes numbe automission a				
1201 84 2201 42 Independent claims in excess of 3	1810	750	2810	376		R § 1.129(a)) h edditional if	nvention to	De .		
1203 280 2203 140 Multiple dependent claim, if not petd	1801	750	2801	375	examine	ed (37 CPR §	1.129(b))			
1204 84 2204 42 **Reissue independent claims	1801	900	1802	900	Request for Continued Examination (RCE) Request for expedited examination				 	
over original patent	1002	900	1002	500	of a dec	ign application	m			
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent									lj	
SUBTOTAL (2) (\$)	Other fe	o (spec	aify)							
** Of number previously poid, if granter, For Ressues, see above				Fee Paid		SUBTO	TAL (3)	(\$) 410.0	20	
SUBMITTED BY Complete (if applicable)										
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Neme (FrintType) (Sary W. Hoshizaki	(Ano	mey/Age	MŲ	37,35	0			(480) 385-		

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